

Technology-Assisted Mental Health Services for Infants, Children, Young People and Families

Report of a Survey of Child and Adolescent Psychotherapists Providing Services During the COVID-19 Pandemic and Lessons for the Future

The NHS Long Term Plan makes important commitments to the development of more personalised therapeutic options and person-centred care. It commits to the expansion of digital technology to provide convenient ways for patients to access advice and care.

The NHS will continue to invest in expanding access to community-based mental health services to meet the needs of at least an additional 345,000 children and young people by 2023/24.

The use of digital technology will be one element in developing services to meet these goals. The aim of this report is to support the safe and effective roll-out of these technologies within child and adolescent mental health services by learning from the experience of remote and online working during the COVID-19 pandemic. It is based on a survey completed by 376 frontline clinicians.

“Families have really pulled together with us, valuing the therapy and appreciating our attempts to support their child(ren) and find the right way of engaging each of them.”

Most appropriate or beneficial uses of online working

- Improving access such as where families find it difficult to reach a clinic
- For regular ‘checking in’ e.g. when a child is on a waiting list
- Where circumstances change such as a young person moving away to university
- Brief treatment of some adolescents and others with less complex presentations
- Online work with parents and carers was viewed very positively
- Online team and network meetings and supervision

Factors that may preclude patients from accessing online treatment

- Lack of a private or confidential space to speak to the therapist
- Child is too young
- Child or young person is too ill
- Lack of suitable IT equipment and toys
- Parent or carer not supportive
- Complexity of family circumstances & safeguarding concerns

Staff wellbeing, support, liaison and safe practice

- 90% found online work to be more tiring than in-person work
- 80% found that it had been possible to liaise with staff in other services when necessary, but 20% had not
- 94% have been able to access regular supervision
- 55% reported that the pandemic and responses to it have affected their own mental health

Provision of remote and online services

89% had moved to remote & online working

- 85% - Therapy online for existing patients
- 81% - Consultations with parents/carers
- 75% - Holding team meetings
- 63% - Consulting to the network

Zoom and Microsoft Teams most popular platforms.

- 53% had to provide their own technology
- 72% - technical issues had affected the quality of communication with patients

58% of respondents mainly work in the NHS or other public sector and 37% mainly in independent practice or the third sector

Only 11% had continued to provide face-to-face (in-person) contact for patients with the main reason being the patient’s high level of clinical risk

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Lessons for the future provision of services

Advantages of remote & online working

- Improved work/life balance and communication with colleagues.

"It has allowed our team to connect far more frequently than is usual and for a level of flexibility around linking up with other colleagues"

- Improved communications with some patients and parents and also gains in the therapeutic alliance and benefits for specific patient groups.

"Some young people seem more able to say what they are thinking more on the phone and there have been less sessions missed"



Disadvantages of remote & online working

- Increased workload and stress and a negative impact on work-life balance.

"Working remotely from home has been very much more tiring, intense and isolating than I had anticipated"

- More difficulties in communicating with colleagues and isolation from their team meant clinicians were feeling less supported around difficult aspects of the work.
- Negative impact on the therapeutic process and relationships with some patients.

"It is more difficult to support a client who is distressed. Some are too worried about confidentiality when in the home."

KEY POINTS

- Technology-assisted services should be based on an assessment of individual needs and not a one-size-fits-all approach.
- Further work is needed to understand when and where new technologies can help with the task of caring for the specific needs of individual service users. This is a responsibility for managers and system leaders as well as frontline staff.
- The expansion of digital technologies has many potential benefits and can contribute to safe, effective and efficient services for children, young people and families in line with the ambitions of the NHS Long Term Plan.
- The evidence in this report demonstrates that these gains may be lost if developments are technologically-determined rather than clinically-led.
- The starting point must be ensuring a needs analysis for each patient, good safeguarding procedures, and systems which enable supportive team working and the health and safety of staff.

Vulnerable Children & Young People Who Might Suffer if Online Technology is Not Implemented Carefully

- Children living in poverty who do not have access to a private space where they can speak in confidence to the therapist.
- Disadvantaged children who lack suitable IT equipment and even toys to play with in therapy sessions.
- Children living in dysregulated families unable to support online access.

"A serious difficulty is not being able to ensure child has safe private space to access online therapy at home"

Where the severity, complexity or level of risk may require in-person communication:

- Children and young people who are looked after.
- High levels of trauma and disturbance.
- Where use of video is part of the trauma.
- Where high levels of risk need to be assessed, including self-harm and substance abuse.
- Where there are specific safeguarding concerns.
- Certain physical conditions or disabilities.
- Learning and communication disabilities and ASD.
- Attention deficit disorder/ADHD.
- Difficulties with language including English as second language.
- Younger children/Under 5s and infants.

"There has been an increase in safeguarding concerns involving my contact with other professions such as the police."